


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90029 033 ****61.25

DOCUMENT # N24929
 1. Entity Name
WEST PINES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**P. O. BOX 353202
 PALM COAST, FL 32135-3202**

Mailing Address
**P. O. BOX 353202
 PALM COAST, FL 32135-3202**

DO NOT WRITE IN THIS SPACE



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2864669

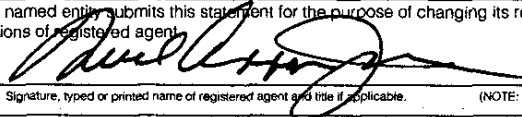
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANNON, FRED JR
 PALM COAST PROPERTY MGMNT.
 7 FLORIDA PARK DR STE C
 PALM COAST, FL 32137**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE  DATE **02/18/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTTER, FRED 43 WEYMOUTH LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, BILL 59 WEYMAOUTH LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOONE, WALTER 29 WEYMOUTH LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **386-446-6333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #